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Case Study

A CASE SERIES TO EVALUATE THE EFFICACY OF *KRIYAKALPA* IN DIFFERENT *NETRAVIKARAS*

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ABSTRACT

Stye is an infection of the sebaceous glands of zeis at the base of the eye lashes, or an infection of the apocrine glands of moll. In Ayurvedic science, based on clinical signs and symptoms, stye can be correlated to *Anjananamika. Abhisyanda,* a *Sarvagata netra roga* is due to the immunological responses resulting in the inflammation of conjunctiva. The condition can be correlated to allergic conjunctivitis. *Timira* is mentioned under *Drishtigatas rogas*, in the present case it is considered as *Dwitheeya patalagata timira* and based on the signs and symptoms it can be correlated to that of the symptoms of presbyopia. **Objectives**: To evaluate the therapeutic effect of *Kriyakalpas* like *Seka, Aschyotana, Bidalaka, Tarpana* in the management of different *Netra vikaras* like *Anjananamika* w.s.r.to stye, *Abhishyanda* w.s.r. to allergic conjunctivitis, *Timira* w.s.r. to presbyopia. **Methods**: Three different cases were taken to evaluate the efficacies of *Kriyakalpas* which were done using different *Dravyas* for a specific time interval. The effect of treatment was assessed based on objective and subjective parameters before and after treatment. **Results**: On comparing the symptoms before and after treatment, there were significant changes noticed on both subjective and objective parameters. **Interpretation & Conclusion:** *Kriyakalpas* like *Seka, Aschyotana, Bidalaka, Tarpana* are the effective treatment modalities which can be adopted in the management of different *Netra vikaras* like *Anjananamika* w.s.r. to stye, *Abhishyanda* w.s.r. to allergic conjunctivitis, *Timira* w.s.r. to presbyopia.

INTRODUCTION

Ayurveda, an ancient comprehensive system of medicine takes a holistic approach to the treatment of various diseases. Over time, the knowledge of Ayurveda has expanded and been categorized into eight branches, known as the *Ashtangas* of Ayurveda wherein *Shalakya Tantra* is a branch that specifically addresses diseases related to the eyes, ears, nose and throat; specifically, the diseases above the clavicle.[1] Acharya Sushruta, made significant contributions to the field of ophthalmology within *Shalakya Tantra*. *'Drushtishcha nashta vividham jagaccha tamomayam jaayate ekaroopam'* - if vision is lost everything will be visible as if covered by *Andhakara* because of *Tama*[2] and hence all efforts should be made to protect them.

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Anjananamika is a *Netra vartma vikara* and the *Lakshanas* are:

Acc. to Acharya Sushruta: *Daha todavati tamra*: burning sensation, pricking sensation and copper colored *Pidaka* in *Vartma* which will be *Mridvi* – soft and having *Manda ruja* slightly painful and *Sukshma* minute (Su.Ut-3/15).

Acc. To Acharya Vagbhata: *Pitikas* produced by *Rakta* are situated in the middle or at the end of the eyelids. In addition to pain and burning sensation, there will be itching sensation. *Pidikas* are fixed to the eyelids (*Sthira*) and resemble green gram (*Mudgamatra*) in shape and size (A.S.Ut-11/15).

Treatment includes

Acc. to Acharya Sushruta: *Swedana* (hot compress), *Bhedana* (puncturing), *Nishpidana* (squeezing), *Pratisarana* with equal quantities of powders of *Manahsila, Ela, Tagara* and *Saindhava Lavana* with *Madhu* (Su.Ut-14/6).

In the beginning, *Swedana* should be done. If it bursts spontaneously, it should be squeezed (*Nishpidana*) and then rubbed with *Manasila, Ela, Tagara, Saindhava* and *Madhu*. In case, it does not burst, an incision should be made followed by rubbing with *Rasanjana* and *Madhu*. Later *Dipa sikhodbhava anjana* is applied (Su.Ut-14/7).

Acc. To Acharya Vagbhata: *Bhedana* (puncturing), *Nishpidana* (squeezing), *Lekhana* (scarping), *Pratisarana* (rubbing the *Pidakas* with *Tagara, Ela, Manahsila, Saindhava* and *Madhu*) and *Pariseka* (eye irrigation with *Haridra, Madhuka, Patola, Lodhra* and *Madhu*) are advised (A.S.Ut-12/11).

Anjananamika, also known as a stye or external hordeolum in modern science, is an acute inflammation of the glands of Zeis or Moll, causing pain, eyelid swelling, mild watering, and photophobia. The cellulitis stage is marked by a localized, hard, red, and tender swelling with significant edema, while the abscess stage features a visible pus point on the lid margin. Typically, only one stye occurs, though multiple styes can appear. Treatment involves applying hot compresses 2-3 times daily during the cellulitis stage, evacuating the pus by epilating the affected cilia, and rarely, surgically incising large abscesses. Antibiotic eye drops and ointments control infection, while anti-inflammatory and analgesic medications alleviate pain and reduce swelling. Systemic antibiotics may be used for early infection control, and addressing any underlying conditions can help prevent recurrent styes.[3]

Abhishyanda is defined as a disease in which there is *Sroto syandana* in the channels of the head and neck. All the eye disorders are caused due to *Abhishyanda* and hence immediately treatment has to be given to avoid complications. Based on the signs and symptoms the present case can be considered *as Vataja abhishyanda* where the symptoms include:

Acc. to Acharya Sushruta: *Nistodana* (pricking sensation), *Stambhana* (restricted movements), *Romaharsa* (horripilation), *Sangharsa* (foreign body sensation), *Parushya* (hardness), *Shiro-abhitapa* (headache), *Vishushkabhava* (dryness), *Shishirashruta* (cold or watery discharges) (Su.Ut-6/6).

Acc. to Acharya Vagbhata: *Nasanaha* (obstruction and swelling of the nasal cavity), *Alpa shopha* (swelling in nasal cavity), *Shankha-akshi-bhru-lalata* (pain in temporal region, eye, eye-brow and forehead), the nature of pain will be *Toda*-pricking, *Shpurana*-piercing, *Bhedana*-blowing type, *Shushka–alpa dushika* (dry and less discharge), *Sheeta– Accha ashru* (cold and clear lacrimation), *Nimesha– Unmesha Krichrata* (painful movements of eye lid and eye ball due to swelling), *Jantunaam iva sarpana* (feeling as if worms are crawling), *Akshyadhmata iva bhati* (as if the eyeball is plucked out), *Shukshmai shalyair iva chitam* (as if pricked by small foreign body), *Upashaya* (relief with *Snigdha* and *Ushna kriya)* (A.S.Ut-18/1).

Treatment includes:

As a treatment principle in *Vataja Abhishyanda, Snigdha* and *Ushna dravyas* should be used for all *Kriyas.*

Acc. to Acharya Sushruta and Acharya Vagbhata:

Purana Sarpi Pana, Swedana, Sira Mokshana After *Snehana* and *Swedana, Basti, Sneha Virecana, Tarpana, Putapaka, Dhumapana, Aschyotana, Snehana Nasya, Snigdha Pariseka, Shirobasti* (Su.Ut-9/3-4).

Snehapana with *Sahacharadi Ghrita* (A.S.Ut-19/17).

If not responding, *Agnikarma* over the eye brows will be beneficial (A.S.Ut-19/17).

Teekshna Gandusha, Nasya, Upavasa (Vata dosha has to be taken care), *Dhumapana* are advised (A.S.Ut-16/1).

Sira Mokshana: To prevent further aggravation of *Vata dosha, Snehana, Swedana* and *Visravana* is indicated. (A.S.Ut-19/10).

Sneha Virechana: When fully anointed internally, *Tilwaka ghrita* with the *Tilwaka Kashaya anupana* has to be administered (A.S.Ut. 19.10).

Basti: After *Shodana, Basti* mentioned in *Vataja pratishyaya* has to be administered (A.S.Ut-19/10).

Tarpana: a) Kashmaryadi ksheerapaka (the same formulation can be used for *Nasya* and *Abhyanga*) b) *Krishna sarpadi yoga* c) *Panchamulasiddha ksheera yoga* (A.S.Ut-19/12).

Putapaka: Pippalyadi yoga (A.S.Ut-19/13).

Dhumapana: Snaihika dhumapana mentioned in *Shodhanadi gana sangraha* (A.S.Ut-19/11).

Aschyotana: Aja ksheeradi yoga relieves pain (Su.Ut-9/13-14).

Nasya: *Snehana Nasya: Shalaparnyadi yoga, Rasnadi taila* or *Ghrita* and *Pradhamana* (Su.Ut-9/10-11), *Kulatthadi yoga*- One course of this *Nasya* spontaneously reduces the pain and discomforts of *Vataja abhishyanda* (A.S.Ut-19/05).

Snigdha Pariseka: Erandamuladi ksheerapaka yoga and *Saindhavadi yoga.*

Anna – Pana: Jangala, Anupa mamsa rasa, Phala rasa, Vatahara dravya siddha ksheera, Triphala ghrita or *Purana ghrita* after *Bhojana* (Su.Ut-9/7-10).

Allergic conjunctivitis, an inflammation of the conjunctiva due to allergic or hypersensitivity reactions, can be immediate (humoral) or delayed (cellular). Symptoms include intense itching, burning sensation, watery discharge, mild photophobia, hyperemia, chemosis, and swollen eyelids. The conjunctiva may show a mild papillary reaction. Treatment involves eliminating allergens, using local

palliative measures like vasoconstrictors, and sodium cromoglycate drops to prevent recurrence. Steroid eye drops should generally be avoided but may be prescribed short-term for severe cases. Systemic antihistamines help in acute cases with marked itching, though desensitization has not shown significant results.[4]

Dwitheeya patalagata timira

Lakshanas as per Acharya Sushruta*: Drushti vivahla darshana*– hazy vision, *Makshika mashaka kesha jalakani cha pashyati* – visualization of false images of flies, gnats, hair, webs, *Mandalani patakan cha marichi kundalani cha* – visualization of circle, flags, mirage and ear rings, *Pariplavanscha vividhan* – visualizes as if various objects are moving around him, *Varsham aabhram tamamsi cha* – his vision gets reduced further and sees objects as if they are covered by rain or cloud, *Durasthani api rupani manyate cha samipata– Samipasthani durecha drushte gochara vibramat*– the distant objects appear to be nearer and near objects appear to be far away, *Yatnavan api cha atyarthe suchi pasham na pashyati* – patient is unable to locate the eye of a needle even after efforts (Su.Ut-7/7-10).

Lakshanas as per Acharya Vagbhata: *Abhutamapi pashyati* (sees things which are not present), *Asannam doore sukshmascha nekshate, Durantikastham rupam cha viparyasena manyate* (sees things which are present nearby with great effort and does not see things which are small and at a distance) (A.S.Ut-15/03).

Chikitsa

Timira is one among the diseases of *Drishti mandala*, which commonly starts from simple visual disturbances which may turn into complete vision loss so proper care should be taken to restore vision.

According to Acharya Vagbhata*, Snehana, Raktamokshana, Virechana, Nasya, Anjana, Shirobasti, Basti, Tarpana, Lepa* and *Seka*- these therapies can be administered several times based on the *Doshas.* (A.S.Ut-13/47).

Chikitsa of *Timira* can be classified into two*:*

Shodhana chikitsa

Virechana

Vataja Timira - Dashamoola ghrita pana followed by *Virechana* with *Triphala-Panchamoola kwatha* with *Ksheera* and *Eranda taila*.

Pittaja Timira - Virechana with *Trivrit choorna* mixed with *Sharkara, Ela* and *Madhu*.

Kaphaja Timira - Virechana with *Poogadi kwatha*.

Raktaja and *Pittaja Timira - Ghrita* processed with *Triphala* is good for *Virechana*.

Sannipataja Timira - Virechana by *Taila* processed with *Trivrit* is desirable (A.S.Ut-16/19).

Nasya: Depending upon *Doshadhikya* in *Timira*, the formulation for *Nasya* is selected. Formulations such as *Jeevantyadi taila, Jeevaneeya-Sita-Utpala siddha ghrita, Hreeberadi taila, Bhringarajadya taila, Marichadi taila, Vibheetakadyataila, Triphalataila, Gomaya taila, Ajita taila* and *Neelotpaladya taila* are useful in *Timira* (A.S.Ut-16/19), (Su.Ut-7/7-10).

Basti: In *Vataja timira, Nirooha* and *Anuvasana basti* are useful (*A.S.Ut*-13/62).

Raktamokshana: In *Kaphaja timira, Pittajatimira* and *Raktaja Timira, Siravyadha* is indicated. *Siravyadha* is contra-indicated in *Ragaprapta timira* (Su.Ut-17/28 & 52).

Shamana chikitsa

Sthanika Chikitsa

Tarpana with *Patoladi ghrita, Jeevantyadi ghrita, Drakshadi ghrita,* and *Shatahwadi ghrita* and *Triphala ghrita* are beneficial for treating *timira* (A.H.Ut-13/69).

Seka with *Prapoundareekadi kwatha* is helpful to treat *timira* (Vangasena-Netrarogadhikara-285).

Anjana with *Krishnadi varti* (Su.Ut-17/52)*, Triphaladi varti* (A.H.Ut-13/2-11)*, Kumarika varti, Drushtiprada varti, Hareetakyadivarti, Sukhavativarti, Muktadi mahanjana, Bhaskara varti* and *Chandrodayadi varti* are mentioned by *Acharyas.*

Bidalaka with *Pathyadi lepa* (Y.R-NR-6) and *Rasanjanadi lepa* (Vangaena-Netrarogadhikara - 309) are useful in treating *Timira.*

Pindi with *Haridradi pindika* is indicated in *Timira* (Chakradatta-59/115-116)

Saarvadaihika Chikitsa

Ghrita Kalpanas- Phalatrikadi Ghrita, Patoladi ghrita, Triphala Ghrita, Mahatriphaladya ghrita, *Dwitiya Triphaladya Ghrita, Laghu Triphala Ghrita, Rasnadi ghrita, Dashamoola ghritam*, *Drakshadi ghrita, Jeevantyadi ghritam, Shatahwadi ghrita* (Gada Nigraha – 3/144).

Triphala prayoga- In *Pittaja timira* regular intake of *Triphala* mixed with *Ghrita*, in *Vataja timira triphala* mixed with *Taila* and in *Kaphaja triphala* mixed with *Madhu* is indicated (Gada Nigraha – 3/464,456).

Based on the signs and symptoms, this condition can be correlated with presbyopia. Presbyopia is not a refractive error but a physiological insufficiency of accommodation due to the decreased elasticity of the lens, typically occurring after age 40. Symptoms include difficulty with near vision, especially reading small print, initially in dim light and later in good light. Patients also report difficulty threading a needle and experience asthenopic symptoms from ciliary muscle fatigue after near work.

Treatment involves prescribing appropriate convex glasses for near work. A general guideline for emmetropic patients suggests +1 DS at ages 40-45, +1.5 DS at 45-50, +2 DS at 50-55, and +2.5 DS at 55-60. However, the presbyopic correction should be individually tailored for each eye to ensure a comfortable range of vision.[5]

Kriyakalpas are a group of local ocular therapeutic procedures done with specific formulations which are used to treat different diseases. *Kriya* means a special therapeutic procedure and *Kalpa* means formulations.[6] In the present study *Kriyakalpas* like *Seka, Aschyotana, Bidalaka, Tarpana* proven to be time tested procedures with drugs beneficial to maintain *Netra swasthya* are done on the respective patients with fruitful results. *Kriyakalpas* like *Seka, Aschyotana, Bidalaka, Tarpana* are the effective treatment modalities which can be adopted in the management of different *Netra vikaras* and in present study of case series these procedures are taken for study.

Seka - The procedure of pouring the liquid medicines over the eyes from a height of four *Angulas* is known as *Seka* (Sha.S.Ut.13/1-2).

Aschyotana - In all the diseases of the eyes, *Aschyotana* is beneficial. It is the first line of treatment (can be performed before the actual manifestation of the disease) (A.S.Su-32/3).

Bidalaka - *Bidalaka* is the application of medicated paste to the outer surface of the eyes. This paste should be restricted to the lids and not extended to the eye lashes (Sha.Ut 13/30).

Tarpana - It is a procedure in which medicated ghee is kept over eyes for a specific period of time **(**S.Ut-18/17-18).

Case reports

Case of *Anjananamika* w.s.r.to Stye

A 21-year-old male patient presented to the *Shalakya Tantra* OPD of SPSAMCH and RC, Arjunabettahalli, Nelamangala, (IPD No. – 421) with a 2-3 days history of painful swelling in the right upper eyelid, accompanied by pricking sensation, burning, and watery eyes since the previous night. Examination revealed visual acuity of 6/6p in both eyes, along with swelling, pus discharge, and conjunctival congestion in the right eye.

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

An 8-year-old male presented to the *Shalakya Tantra* OPD of SPSAMCH and RC, Arjunabettahalli, Nelamangala (IPD No. – 153) with a week-long history of eye redness, a 3-day history of burning sensation, and 2 days of morning matting of lashes. Despite previous treatment at a nearby hospital, symptoms persisted and worsened. Examination revealed visual acuity of 6/6p in both eyes, bilateral conjunctival congestion with more pronounced papillae in the right eye, and watering. Symptoms included redness (*Netra ragata*), burning (*Netra daha*), discharge (*Netra srava*) and matting of lashes.

Case of *Timira* w.s.r. to Presbyopia

A 40-year-old female patient presented to the *Shalakya Tantra* OPD of SPSAMCH and RC, Arjunabettahalli, Nelamangala (IPD No.–236) with 3-5 months of blurry near vision and difficulty seeing bright objects at night.

On examination

Visual acuity

VA	Without spectacles			With spectacles		
	BE	**RE**	**LE**	**BE**	**RE**	**LE**
DV	6/24	6/36p	6/24	6/12	6/12p	6/12
NV	N9	N12	N9	N6p	N9	N6p

Intervention:

Case of *Anjananamika* w.s.r.to Stye

Bidalaka with *Yashtimadhu Churna* and *Triphala Churna – Kalka* for 5 days

Seka with *Daruharidra Kashaya* for 5 days

Aschyotana with I-tone eye drops – 2 drops thrice a day for 5 days.

Orally:

1. *Triphala guggulu* - 1 BD -AF for 5 days

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

Bidalaka with *Musta Churna* and *Yashtimadhu Churna-Kalka* for 7 days.

Seka with *Daruharidra*, *Ajaksheera*, *Eranda pallava kashaya* for 7 days.

Aschyotana with Ophthacare eye drops - 2 drops thrice a day for 15 days.

Orally:

1. *Haridra Khanda* - ½ tsp TID B/F with milk for 7 days
2. Syrup Step - 3tsp BD A/F for 7 days

Case of *Timira* w.s.r. to Presbyopia

Tarpana with *Mahatriphala ghrita* for 7 days

Assessment criteria

Case of *Anjananamika* w.s.r.to Stye

The clinical findings were noted in the case proforma and assessment will be done accordingly.

Day 1 – Before treatment (BT).

Day 6 – After treatment (AT).

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

The clinical findings were noted in the case proforma and assessment will be done accordingly.

Day 1 – Before treatment (BT).

Day 8 – After treatment (AT).

Case of *Timira* w.s.r. to Presbyopia

The clinical findings were noted in the case proforma and assessment will be done accordingly.

Day 1 – Before treatment (BT).

Day 8 – After treatment (AT).

Treatment procedures – *Kriyakalpa*

Bidalaka with *Triphala* and *Yashti madhu* for 5 days.

Poorva karma:

Method of preparation of *Kalka*

- In a clean vessel, finely powdered *Triphala* and *Yashtimadhu* of 5gm each and required *Jala* has to be added to it.
- This mixture of drugs was mixed properly to make in *Kalka* form.

Preparation of the patient

- The patient is made to comfortably lie down on bed, after instructing about the procedure, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.
- Eyes were cleaned using sterile cotton pads.

Pradhana Karma

- The prepared *Kalka* has to be taken in a bowl.
- The patient is instructed to close the lids and the *kalka* is applied over the eyes for 20 minutes.

Paschat Karma

- The *Kalka* is taken out carefully and the eyes should be cleaned using sterile cotton pad and lukewarm water and advised to lie down in the same position for few minutes *Seka* with *Daruharidra* for 5 days.

Poorva karma

Method of preparation of *Kashaya*

- In a clean vessel, coarsely powdered *Daruharidra* of 5gm and 250ml *Jala* has to be added.
- This mixture of drugs has to be kept for heating over *Mandagni.*
- Boil the mixture till it reduced to 1/4th (320 ml).
- It should be filtered using a clean cloth and use after becomes *Sukhoshna.*

Preparation of the patient

- The patient is made to comfortably lie down on bed, after instructing about the procedure, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.
- Eyes should be cleaned using sterile cotton pads.

Pradhana Karma

- The prepared *Kashaya* has to be taken in a *Seka patra.*
- In a thin and continuous stream, it has to be poured slowly on to the closed eyes individually from a distance of 4 *Angulas* for 300 *Matra kalas.*

Paschat Karma

- The eyes should be cleaned using sterile cotton pad and lukewarm water and advised to lie down in the same position for few minutes.

Aschyotana with Ophthacare eye drops for 15 days.

Purva karma

- Ophthacare drops should be taken.

Preparation of the patient

- The patient is made to comfortably lie down on bed, after instructing about the procedure, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.
- Eyes should be cleaned using sterile cotton pads.

Pradhana Karma

- Ophthacare eye drops should be taken and the patient is instructed to open the eyes and 2 drops has to be instilled into both the eyes and patient is asked to close the eyes and move the eyeball for a minute.

Paschat Karma

- The eyes has to be cleaned using sterile cotton pad and lukewarm water and advised to lie down in the same position for few minutes.

Tarpana with *Mahatriphala ghrita* for 7 days.

Purva karma

- *Mahatriphala ghrita* and *Masha churna* has to be taken.
- Preparation of *Masha pali*: A uniform, smooth dough has to be prepared out of *Masha* flour.

Preparation of the patient

- The patient is made to comfortably lie down on bed, after instructing about the procedure, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light
- *Swedana*: Before starting the procedure, *Mridu sweda* has to be given over the eyes using sterile cotton swab.

Pradhana Karma

- A firm circular frame of two *Angula* height has to be constructed around the eyes with the dough of *Masha* flour.
- Then lukewarm *Mahatriphala ghrita* is slowly poured on to the eyes till the eyelashes get immersed.
- Then the patient is asked to slowly blink the eyes a minimum of 20 minutes (*Ghrita* has to be changed

when it becomes cold or after the patient counts for 100 *Matrakalas*)

Paschat Karma

- The ghee has to be drained by making hole at the *Apanga sandhi* in the *Pali* and it has to be cleaned followed by mild fomentation with warm water.
- Then *Dhoomapana* has to be given to expel the *Kapha* caused by the *Ghrita.*

Assessment Criteria

***Case of Anjananamika* w.s.r.to Stye**

Subjective parameters	Objective parameters
Netra shula *Netra shotha* *Netra toda* *Netra daha* *Netra srava*	Swelling Conjunctival congestion

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

Subjective parameters	Objective parameters
Netra raga *Netra toda* *Netra daha* Matting of lashes	Conjunctival congestion Presence of papillae

Case of *Timira* w.s.r. to Presbyopia

Subjective parameters and Objective parameters

1. Subjective clarity in the vision
2. Visual acuity

OBSERVATION AND RESULTS

Case of *Anjananamika* w.s.r.to Stye: After the first session of *Bidalaka* and *Seka*, the patient's pain reduced significantly. By the second day, pain and pricking sensations were absent. On the third day, all symptoms, including burning, had completely subsided. By the fifth day, swelling and eye watering were fully reduced. During the follow-up on the sixth day, swelling and conjunctival congestion had completely resolved. At discharge, the patient was symptom-free and advised to perform daily *Netra Prakshalana* with *Triphala Kashaya*, as part of *Dinacharya*, to reduce strain from electronic gadgets and dust exposure.

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

After the first session of *Bidalaka* and *Seka*, *Netra srava* (eye discharge) and matting of lashes slightly reduced, but other symptoms persisted. By the third day, *Netra srava*, matting of lashes, and *Netra daha* (eye burning) were completely resolved. On the fifth day, the patient reported *Netra kandu* (eye itching). After seven days of treatment, all symptoms were absent. At the follow-up on the eighth day, conjunctival congestion and papillae were completely resolved. At discharge, the patient was symptom-free and advised to use Ophthacare eye drops as needed.

Case of *Timira* w.s.r. to Presbyopia

After treatment, significant subjective improvement in vision clarity was noted, along with slight changes in visual acuity. Follow-up on the 6th day recorded the visual acuity as follows.

VA	Without spectacles			With spectacles		
	BE	RE	LE	BE	RE	LE
DV	6/24	6/24p	6/24	6/9p	6/12	6/9p
NV	N9	N9	N6p	N6p	N6p	N6p

At discharge, the patient reported significantly improved vision clarity. She was advised to take *Saptamruta Loha* 1 BD with *Mahatriphala Ghrita* and *Madhu* for 21 days, *Pindi* with *Padma Pushpa* for 14 days, and to incorporate *Padabhyanga* with *Dhanwantaram Taila* into her daily routine.

DISCUSSION

Discussion, the prior step to conclusion is made on the critical observation. One has to use his *Yukti* after proper analysis after going through retrospective references and prospective references to give a valid conclusion.

Case of *Anjananamika* w.s.r.to Stye

The drugs used in this case included *Triphala, Yashtimadhu, Daruharidra*, and orally *Triphala Guggulu*. These agents possess *Shothaghna* (anti-inflammatory), *Netrarogahara*, *Krimihara*, and *Chakshushya* properties. Their pharmacological actions- antimicrobial, antifungal, antibacterial, anti-inflammatory, and antioxidant- contributed to effective and rapid disease treatment.

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

The drugs used in this case included *Musta, Yashtimadhu, Daruharidra, Ajaksheera,* and *Eranda Pallava. Musta*, with its *Sheeta virya* (cooling) properties, helped relieve burning sensations associated with *Pitta*. *Ajaksheera*, with its *Vatapitta-shamana* (balancing *Vata* and *Pitta*) and pharmacological actions, such as immunomodulatory and anti-inflammatory effects, was effective in treating the disease. *Eranda Pallava*, known for its *Tridosha-shamaka* (balancing all *doshas*), antioxidant, anti-inflammatory, and free radical scavenging activities, significantly relieved symptoms. *Ajaksheera* and *Eranda Pallava* are recognized by Acharya Sushruta for their benefits in *Vataja abhishyanda*. Additionally, *Haridra Khanda* and Step Syrup, with their anti-allergic and immune-boosting properties, were used as oral medicines.

Case of *Timira* w.s.r. to Presbyopia

Mahatriphala Ghrita is specifically recommended by all acharyas for *Netraroga* (eye diseases) and *Timira* (night blindness). The ingredients are vision-enhancing, and the *Ghrita* is crucial in treating *Timira* due to its ability to cross the blood-brain barrier. [7-18]

DISCUSSION ON PROCEDURE

Mode of action of *Seka*

In *Seka*, the drug is applied to the conjunctival sac as an aqueous solution or lipophilic suspension, resulting in very short tissue contact time and limited bioavailability. Approximately 80% of each drop is rapidly drained through the nasolacrimal duct. Aqueous solutions of plant extracts enhance absorption due to the active principles being in an assimilable form. The drug dose and mass drug action also affect absorption. *Seka* is particularly effective in the acute phase of inflammation when corneal and conjunctival epithelial permeability is high, facilitating greater absorption.[19]

Mode of action of *Bidalaka*

Bidalaka, a *Kriyakalpa* procedure, involves applying a paste of drugs to the eye area, excluding the eyelashes. In this case, *Triphala Churna* and *Yashtimadhu Churna* were used according to the symptoms. This topical application allows drugs to penetrate the eyelids, enhancing cutaneous blood flow, improving absorption, and reducing inflammation.[20]

Mode of action of *Aschyotana*:

Medicine dropped into the eye enters channels of the head, nose, and face, helping eliminate localized impurities in the upper body. *Aschyotana* is used in the acute phase of inflammation when increased corneal and conjunctival epithelium permeability enhances absorption.[21]

Mode of action of *Tarpana*

Ghrita, used in *Tarpana*, effectively penetrates the body's minute channels due to its lipophilic nature. As the corneal epithelium is permeable to lipid-soluble substances, *Ghrita* facilitates drug transport to the target organ and cell. It enhances tissue contact time and bioavailability, achieving therapeutic concentrations more easily. The drug action is supported by increased absorption through the corneal surface and direct pressure on the cornea. *Ghrita's* lipids, including phospholipids, glycerides, vitamins ADEK, and carotene, improve lubrication between lens fibers, act as antioxidants, and strengthen ciliary muscles, thereby enhancing vision. [22,23]

Discussion on Clinical study

Case of *Anjananamika* w.s.r.to Stye

***Nidana*:** Excessive exposure to electronic gadgets and dust can strain the eyes, potentially leading to stye formation.

***Samprapti*:** Continued exposure to these factors aggravated local *Doshas*, resulting in stye development.

***Purvarupa*:** Initially, the patient experienced pain and a small swelling in the right upper lid.

***Rupa*:** The condition progressed to include burning, tenderness, redness, and pus discharge, indicative of the *Pakwavasta* stage of *Anjananamika*. Early treatment at this stage is crucial for effective resolution.

In this study, the patient exhibited typical signs of *Anjananamika*, and appropriate treatment resolved the condition without complications.

Case of *Abhishyanda* w.s.r. to Allergic conjunctivitis

***Nidana*:** Excessive exposure to electronic gadgets, prolonged close viewing, and improper diet can lead to conjunctival inflammation.

***Samprapti*:** Increased electronic usage, reading at close distances, and poor posture contribute to conjunctival damage and inflammation. Additionally, improper diet impairs digestion, leading to *Ama* formation and obstruction in the upper eye channels, causing increased discharge.

***Purvarupa*:** Initially, the patient experienced redness and burning in the eyes.

***Rupa*:** Symptoms included redness, burning, discharge, and matting of lashes. As *Abhishyanda* (conjunctival inflammation) is a secondary condition, early treatment is essential to prevent progression.

The patient exhibited typical signs of *Vataja Abhishyanda*, and the treatment effectively resolved the condition with significant improvement.

Case of *Timira* w.s.r. to Presbyopia

***Nidana*:** *Vishamashana* (irregular diet), *Swapna viparyaya* (disturbed sleep), and *Sukshma nireekshana* (prolonged close work) are potential causes in this case.

***Samprapti*:** Prolonged tailoring work leads to constant focus on fixed objects, affecting the ciliary muscle and causing Presbyopia. *Vishamashana* impairs digestion, leading to ama formation and obstruction in the upper eye channels, increasing discharge. *Swapna viparyaya* disrupts the eye's physiological function.

***Purvarupa*:** Initially, the patient experienced occasional watering of the eyes.

***Rupa*:** The patient exhibited blurred vision without additional complaints. Untreated, this condition can progress to *Linganasha* (total loss of vision).

The patient showed signs of *Timira*, particularly *Dwitiya Patalagata Timira*. Treatment improved vision clarity subjectively and slightly changed visual acuity.

CONCLUSION

Sarvendriyanam nayanam pradhanam, among sense organs, the eye is paramount and requires meticulous care. *Anjananamika*, correlating with stye, is a *Netra vartma vikara*. *Abhishyanda*, akin to allergic conjunctivitis, is a severe eye disease necessitating prompt treatment to prevent complications. *Dwitheeya Patalagata Timira*, similar to presbyopia, is a common refractive error in middle-aged individuals. Untreated Timira can progress to *Kacha* and eventually *Linganasha*, making early treatment essential.

The drugs used have *Shothaghna, Netrarogahara, Krimihara*, and *Chakshushya* properties, with actions including antimicrobial, antifungal, antibacterial, anti-inflammatory, and antioxidant effects, facilitating effective treatment. *Kriyakalpas* such as *Seka*, *Bidalaka*, *Aschyotana*, and *Tarpana*, tailored to each condition, were effective, simple, cost-effective, and minimized recurrence.

Scope for Further Study

- The study can be done with larger sample size to draw a conclusion w.r.to drugs and duration of treatment.
- Study can be done using other combination of drugs which are widely explained in *Bruhatrayis* and *Laghutrayis*.

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